DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 03-036

2. STATE: INDIANA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: July 1, 2003

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.121

7. FEDERAL BUDGET IMPACT
a. FFY 2003 $ 0
b. FFY 2004 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 6a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 2.2-A, page 6a

10. SUBJECT OF AMENDMENT: disability definition

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL: Melanie Bella

13. TYPED NAME: MELANIE BELLA

14. TITLE: ASSISTANT SECRETARY, OMPP

15. DATE SUBMITTED: 12/30/03

16. RETURN TO:
Melanie Bella, Asst. Secretary
Office of Medicaid Policy & Planning
402 W. Washington, Room W382
Indpls., IN 46204
ATTN: T. Brunner, Plan Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12/31/03

18. DATE APPROVED: 3/5/04

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/03

20. SIGNATURE OF REGIONAL OFFICIAL: Cheryl A. Harris

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS

RECEIVED
DEC 31 2003
DMCH/MPC

FORM CMS-179 (07/92)

*Instructions on Back*

Agency*

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121 13. /X/ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1) of the Act

X Aged
X Blind
X Disabled
X Blind and disabled individuals receiving SSI and except for Receipt of SSI would be eligible for AFDC.

The more restrictive categorical eligibility criteria are described below:

1. In order to be eligible for MA as a disabled person, the applicant must be determined to meet the disability requirement set forth below. The Office of Medicaid Policy and Planning, Family & Social Services Administration, has the sole responsibility for making this determination.

   Definition of Disability: An individual is considered disabled if he has a physical or mental impairment, disease, or loss verifiable by a physician licensed under IC 25-22.5 that appears reasonably certain to result in death or to last for a continuous period of at least twelve (12) months without significant improvement and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation. In determining whether an individual is disabled, consideration is given to the existence of an impairment or a combination which, together with such factors as age, training, skills, and work experience result in disability.

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage
Each County Office of the Division of Family and Children under supervision of the Indiana Family & Social Services Administration